



PREFERRED DRUG LIST

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INHALATION AGENTS

Anticholinergics for the Maintenance Treatment of COPD

Preferred	Non-Preferred, Prior Authorization Required
Spiriva® Handihaler® (tiotropium)	Atrovent® HFA (ipratropium bromide) Incruse Ellipta® (umeclidinium bromide) Spiriva® Respimat (tiotropium) Tudorza PressAir® (aclidinium)

Beta₂-Agonists - Long-Acting

**Clinical prior authorization may apply*

Preferred	Non-Preferred, Prior Authorization Required
Serevent® Diskus® (salmeterol)	Arcapta® (indacaterol) Brovana® (arformoterol) Perforomist® (formoterol) Striverdi® Respimat® (olodaterol)

Beta₂-Agonists - Short-Acting

Preferred	Non-Preferred, Prior Authorization Required
AccuNeb® (albuterol)	Maxair® (pirbuterol)
ProAir HFA® (albuterol)	ProAir RespiClick® (albuterol)
Proventil® HFA (albuterol)	Ventolin HFA® (albuterol)
Proventil® Inhalation Solution (albuterol)	Xopenex® Inhalation Solution (levalbuterol)
Ventolin® Inhalation Solution (albuterol)	Xopenex HFA® (levalbuterol)

Beta₂-Agonists - Long-Acting/Anticholinergics

**Clinical prior authorization may apply*

Preferred	Non-Preferred, Prior Authorization Required
Anoro Ellipta® (umeclidinium/vilanterol)	Utibron™ Neohaler® (indacaterol/glycopyrrrolate)
Bevespi Aerosphere™ (glycopyrrrolate/formoterol)	
Stiolto® Respimat® (tiotropium/olodaterol)	

Beta₂-Agonists - Long-Acting/Corticosteroids

**Clinical prior authorization may apply*

Preferred	Non-Preferred, Prior Authorization Required
Advair Diskus® (fluticasone/salmeterol)	Airduo™ Respclick® (fluticasone/salmeterol)
Dulera® (formoterol/mometasone)	Advair® HFA (fluticasone/salmeterol)
Symbicort® (budesonide/formoterol)	Breo Ellipta® (fluticasone/vilanterol)



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Inhalation Agents (continued)

Corticosteroids

Preferred	Non-Preferred, Prior Authorization Required
Alvesco® (ciclesonide)	Aerospan® (flunisolide)
Arnuity Ellipta® (fluticasone)	Armonair™ RespiClick® (fluticasone)
Asmanex® (mometasone)	Asmanex® HFA (mometasone)
Flovent® HFA (fluticasone)	Flovent® Diskus® (fluticasone)
Pulmicort Flexhaler™ (budesonide)	Pulmicort Respules® (budesonide) *> 7 years of age
Pulmicort Respules® (budesonide) *≤ 6 years of age only	
QVAR® (beclomethasone)	

Tobramycin Products

Preferred	Non-Preferred, Prior Authorization Required
Bethkis® (tobramycin)	Tobi® (tobramycin)
Kitabis pak® (tobramycin nebulizer)	Tobi® Podhaler™ (tobramycin)

INTRANASAL AGENTS

Antihistamines

Preferred	Non-Preferred, Prior Authorization Required
Astelin® (azelastine)	Astepro® (azelastine) Patanase® (olopatadine)

Corticosteroids

Preferred	Non-Preferred, Prior Authorization Required
Flonase® (fluticasone) Qnasl® (beclomethasone)	Beconase AQ® (beclomethasone) Nasacort AQ®(triamcinolone) Nasarel® (flunisolide) Nasonex® (mometasone) Omnaris® (ciclesonide) Rhinocort AQ® (budesonide) Veramyst® (fluticasone) Zetonna® (ciclesonide)

OPHTHALMIC AGENTS

Antihistamine/Mast Cell Stabilizers

Preferred	Non-Preferred, Prior Authorization Required
Alaway® (ketotifen)	Alocril® (nedocromil)
Cromolyn® (cromolyn)	Alomide® (Iodoxamide)
Patanol® (olopatadine)	Bepreve® (bepotastine)
Pazeo® (olopatadine)	Elastat® (epinastine)
Refresh® (ketotifen)	Emadine® (emedastine)
Zaditor® (ketotifen)	Lastacaft® (alcaftadine) Optivar® (azelastine) Pataday® (olopatadine)



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OPHTHALMIC AGENTS (continued)

Anti-Infective/Steroid Combinations

Preferred	Non-Preferred, Prior Authorization Required
Blephamide® (sulfacetamide/prednisolone)	Blephamide S.O.P.® (sulfacetamide/prednisolone)
Maxitrol® (neomycin/polymyxin/dexamethasone)	TobraDex® (tobramycin/dexamethasone)
Pred-G® (prednisolone/gentamicin)	TobraDex® ST (tobramycin/dexamethasone)
Pred-G S.O.P.® (prednisolone/Gentamicin)	

Carbonic Anhydrase Inhibitors

Preferred	Non-Preferred, Prior Authorization Required
Azopt® (brinzolamide)	Trusopt® (dorzolamide)
Simbrinza® (brinzolamide/brimonidine tartrate)	

Non-Steroidal Anti-Inflammatory Drugs - Ophthalmic

Preferred	Non-Preferred, Prior Authorization Required
Acular® (ketorolac)	Acular LS® (ketorolac)
Ilevro® (nepafenac)	Acuvail® (ketorolac)
Nevanac® (nepafenac)	Bromday® (bromfenac)
Ocufen® (flurbiprofen)	BromSite® (bromfenac)
Voltaren® Ophthalmic (diclofenac)	Prolensa® (bromfenac)

Prostaglandin Analogs

Preferred	Non-Preferred, Prior Authorization Required
Xalatan® (latanoprost)	Lumigan® (bimatoprost) Travatan Z® (travoprost) Zioptan® (tafluprost)

OTIC AGENTS

Anti-Infective/Steroid Combinations

Preferred	Non-Preferred, Prior Authorization Required
Cipro® HC (ciprofloxacin/hydrocortisone)	Acetasol HC® (acetic acid/hydrocortisone)
Ciprodex® (ciprofloxacin/dexameth)	Cortisporin® Otic Suspension (neomycin/polymyxin B/hc)
Cortisporin® Otic Solution (neomycin/polymyxin B/hc)	Otovel® (ciprofloxacin/fluocinolone)
Coly-Mycin S®	

ORAL/INJECTABLE/TOPICAL AGENTS

ACE Inhibitors

Preferred	Non-Preferred, Prior Authorization Required
Accupril® (quinapril)	Aceon® (perindopril)
Altace® (ramipril)	Capoten® (captopril)
Lotensin® (benazepril)	Epaned® (enalapril solution)
Monopril® (fosinopril)	Mavik® (trandolapril)
Prinivil® (lisinopril)	Qbrelis® (lisinopril solution)
Zestril® (lisinopril)	Univasc® (moexipril)
	Vasotec® (enalapril)



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ORAL/INJECTABLE/TOPICAL AGENTS (continued)

ACE Inhibitor/Calcium Channel Blocker Combinations

Preferred	Non-Preferred, Prior Authorization Required
Lotrel® (benazepril/amlodipine)	Tarka® (trandolapril/verapamil)

Acne Agents - Topical

**Clinical prior authorization may apply*

Preferred	Non-Preferred, Prior Authorization Required
Aczone® (dapsone) gel Atralin® (tretinoin) gel Azelex® (azelaic acid) cream Cleocin-T® (clindamycin) solution Duac® (benzoyl peroxide-clindamycin) gel Epiduo® (benzoyl peroxide-adapalene) gel Ery® (erythromycin) pads Erythromycin solution Retin-A® (tretinoin) cream Sumadan® Wash (sulfacetamide-sulfur cleanser) Tazorac® (tazarotene) cream Tazorac® (tazarotene) gel	Acanya® (benzoyl peroxide-clindamycin) gel Avar® (sulfacetamide-sulfur) pads Avar-E® Emollient (sulfacetamide-sulfur) cream Avar-E Green® (sulfacetamide-sulfur) cream Avar LS® (sulfacetamide-sulfur) pads Avita® (tretinoin) cream Benzaclin® (benzoyl peroxide-clindamycin) gel Benzamycin® (benzoyl peroxide-erythromycin) gel BP 10-1® (sulfacetamide/sulfur cleanser) Cerisa® (sulfacetamide-sulfur) emulsion Cleocin-T® (clindamycin) gel Cleocin-T® (clindamycin) lotion Clindacin® ETZ (clindamycin) swab Clindacin-P® (clindamycin) swab Clindagel® (clindamycin) gel Differin® (adapalene) cream Differin® (adapalene) gel Epiduo® Forte (adapalene/benzoyl peroxide) Erygel® (erythromycin) gel Evoclin® (clindamycin phosphate) foam Fabior® (tazarotene) foam Klaron® (sulfacetamide) lotion Neuac® (clindamycin/benzoyl peroxide) Onexton® (benzoyl peroxide-clindamycin) gel Retin-A® Micro (tretinoin) gel Rosanil® Cleanser (sulfacetamide-sulfur) emulsion Rosula® (sulfacetamide-sulfur) pads SSS 10-5® (sulfacetamide-sulfur) cream Sulfacetamide suspension Sulfacetamide-Sulfur lotion Sumadan® (sulfacetamide-sulfur) kit Sumaxin® (sulfacetamide-sulfur) pads Sumaxin® TS (sulfacetamide-sulfur) suspension Sumaxin® Wash (sulfacetamide-sulfur) liquid Veltin® (clindamycin-tretinoin) Ziana® (clindamycin-tretinoin)



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ORAL/INJECTABLE/TOPICAL AGENTS (continued)

ADHD – Amphetamine Type

Preferred	Non-Preferred, Prior Authorization Required
Adderall® (dextroamphetamine/amphetamine)	Adzenys XR-ODT™ (amphetamine ER)
Adderall XR® (dextroamphetamine/amphetamine ER)	Desoxyn® (methamphetamine)
Dexedrine® tablets (dextroamphetamine)	Dyanavel® XR (amphetamine ER)
Dexedrine® ER capsules (dextroamphetamine ER)	Procentra® (dextroamphetamine)
Dextrostat® (dextroamphetamine)	Zenzedi® (dextroamphetamine)
Vyvanse® (lisdexamfetamine)	

ADHD – Methylphenidate Type

Preferred	Non-Preferred, Prior Authorization Required
Concerta® (methylphenidate ER)	Aptensio XR® (methylphenidate ER)
Daytrana® (methylphenidate)	Methylin Chewable® (methylphenidate)
Focalin® (dexmethylphenidate)	Methylin Solution® (methylphenidate)
Focalin® XR (dexmethylphenidate ER)	Metadate® ER (methylphenidate ER)
Metadate CD® (methylphenidate 30/70)	Ritalin LA® (methylphenidate 50/50)
Quillichew ER™ (methylphenidate ER)	Ritalin SR® (methylphenidate ER)
Quillivant XR® (methylphenidate ER)	
Ritalin® (methylphenidate)	

Adjunct Anti-epileptics

*Clinical prior authorization may apply

Preferred	Non-Preferred, Prior Authorization Required
Keprra® (levetiracetam)	Banzel® (rufinamide)
Keprra XR® (levetiracetam XR)	Briviact® (brivaracetam)
Lyrica® (pregabalin)	Fycompa® (perampanel)
Neurontin® (gabapentin)	Gabitril® (tiagabine)
Zonegran® (zonisamide)	Onfi® (clobazam)
	Oxtellar® XR (oxcarbazepine)
	Potiga® (ezogabine)
	Spritam® (levetiracetam)

Alpha glucosidase Inhibitors

Preferred	Non-Preferred, Prior Authorization Required
Precose® (acarbose)	Glyset® (miglitol)

Anaphylaxis Agents

Preferred	Non-Preferred, Prior Authorization Required
Epipen® (epinephrine auto inject)	Adrenaclick® (epinephrine auto inject)
Epipen Jr® (epinephrine auto inject)	Epinephrine auto injectors

Anticoagulants

Preferred	Non-Preferred, Prior Authorization Required
Coumadin® (warfarin)	Savaysa® (edoxaban)
Eliquis® (apixaban)	
Pradaxa® (dabigatran)	
Xarelto® (rivaroxaban)	



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ORAL/INJECTABLE/TOPICAL AGENTS (continued)

Anti-Constipation Agents – Opioid Induced Cause

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Preferred	Non-Preferred, Prior Authorization Required
Amitiza® (lubiprostone)	Relistor® (methylnaltrexone) (tablets and injection)
Movantik® (naloxegol)	Symproic® (naldemedine)

Antidepressants - SNRIs

Preferred	Non-Preferred, Prior Authorization Required
Cymbalta® (duloxetine)	Effexor® XR tablets (venlafaxine ER)
Effexor® (venlafaxine)	Fetzima® (levomilnacipran)
Effexor® XR capsules (venlafaxine ER)	Savella® (milnacipran)
Pristiq® (desvenlafaxine)	

Antidepressants - SSRIs

Preferred	Non-Preferred, Prior Authorization Required
Celexa® (citalopram)	Celexa® solution (citalopram)
Lexapro® (escitalopram)	Lexapro® solution (escitalopram)
Luvox® (fluvoxamine)	Paxil CR® (paroxetine ER)
Paxil® (paroxetine)	Paxil® solution (paroxetine)
Prozac® capsules (fluoxetine)	Pexeva® (paroxetine)
Prozac® solution (fluoxetine)	Prozac® tablets (fluoxetine)
Zoloft® (sertraline)	Zoloft® solution (sertraline)

Antidepressants - Tricyclics

Preferred	Non-Preferred, Prior Authorization Required
Doxepin capsules and solution	Amoxapine
Elavil® (amitriptyline)	Anafranil® (clomipramine)
Pamelor® (nortriptyline)	Norpramin® (desipramine)
Tofranil® (imipramine)	Pamelor® solution (nortriptyline)
	Surmontil® (trimipramine)
	Tofranil - PM® (imipramine)
	Vivactil® (protriptyline)

Anti-emetics Cannabinoid

*Clinical prior authorization may apply

Preferred	Non-Preferred, Prior Authorization Required
Marinol® (dronabinol)	Cesamet® (nabilone)
	Syndros® (dronabinol)

Anti-emetics Serotonin 5HT₃ Antagonists

Preferred	Non-Preferred, Prior Authorization Required
Zofran® (ondansetron)	Anzemet® (dolasetron)
Zofran ODT® (ondansetron)	Granisol® (granisetron)
	Kytril® (granisetron)
	Sancuso® (granisetron)
	Zuplenz® (ondansetron)



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Anti-Histamines - Non-Sedating	
Preferred	Non-Preferred, Prior Authorization Required
Claritin® (loratadine)	Allegra® (fexofenadine)
Claritin 24-hr Allergy® (loratadine)	Allegra® ODT (fexofenadine)
Claritin® Syrup (loratadine)	Clarinex® (desloratadine)
Zyrtec® (cetirizine)	Claritin Hives Relief® (loratadine)
Zyrtec® Syrup (cetirizine)	Claritin RediTabs® (loratadine)
	Xyzal® (levocetirizine)
	The following drugs are covered for KBH only:
	Allegra-D® (fexofenadine/pseudoephedrine)
	Allegra-D24® (fexofenadine/pseudoephedrine)
	Clarinex-D 12-hour® (desloratadine/pseudoephedrine)
	Clarinex-D 24-hour® (desloratadine/pseudoephedrine)

Anti-Viral - Herpes	
Preferred	Non-Preferred, Prior Authorization Required
Valtrex® (valacyclovir)	Famvir® (famciclovir)
Zovirax® (acyclovir) (oral dosage forms only)	Sitavig® (acyclovir)

ARBs	
Preferred	Non-Preferred, Prior Authorization Required
Avalide® (irbesartan/HCTZ)	Atacand® (candesartan)
Avapro® (irbesartan)	Atacand HCT® (candesartan/HCTZ)
Cozaar® (losartan)	Benicar® (olmesartan)
Diovan® (valsartan)	Benicar HCT® (olmesartan/HCTZ)
Diovan HCT® (valsartan/HCTZ)	Edarbyclor® (azilsartan medoxomil)
Edarbyclor® (azilsartan medoxomil/chlorthalidone)	Micardis® (telmisartan)
Entresto® (sacubitril/valsartan)	Micardis HCT® (telmisartan/HCTZ)
Hyzaar® (losartan/HCTZ)	Teveten® (eprosartan)
Tribenzor® (olmesartan/amlodipine/HCTZ)	

ARB/Calcium Channel Blocker Combinations	
Preferred	Non-Preferred, Prior Authorization Required
Azor® (amlodipine/olmesartan)	Twynsta® (amlodipine/telmisartan)
Exforge® (amlodipine/valsartan)	



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ORAL/INJECTABLE/TOPICAL AGENTS (continued)

Beta-Blockers

Preferred	Non-Preferred, Prior Authorization Required
Betapace® (sotalol)	Blocadren® (timolol)
Betapace AF® (sotalol AF)	Bystolic® (nebivolol)
Coreg® (carvedilol)	Byvalson® (nebivolol/valsartan)
Inderal® (propranolol)	Coreg CR® (carvedilol CR)
Lopressor® (metoprolol tartrate)	Corgard® (nadolol)
Sectral® (acebutolol)	Corzide® (nadolol/bendroflumethiazide)
Tenormin® (atenolol)	Dutoprol® (metoprolol/HCTZ)
Ziac® (bisoprolol/HCTZ)	Inderal® LA (propranolol XL)
	InnoPran® XL (propranolol XL)
	Kerlone® (betaxolol)
	Labetalol (labetalol)
	Levatol® (penbutolol)
	Lopressor HCT® (metoprolol/HCTZ)
	Toprol-XL® (metoprolol succinate)
	Visken® (pindolol)
	Zebeta® (bisoprolol)

Biguanides

Preferred	Non-Preferred, Prior Authorization Required
Glucophage® (metformin)	Fortamet® (metformin ER)
Glucophage® XR (metformin ER)	Glumetza® (metformin ER)
	Riomet® (metformin oral solution)

Bile Acid Sequestrants

Preferred	Non-Preferred, Prior Authorization Required
Colestid® Tablets (colestipol)	Colestid® Granules (colestipol)
Prevalite® Powder (cholestyramine light)	Questran® (cholestyramine)
Prevalite® Powder Packs (cholestyramine light)	Questran Light® (cholestyramine light)
Welchol® Powder (colesevelam)	
Welchol® Tablets (colesevelam)	

Bisphosphonates

Preferred	Non-Preferred, Prior Authorization Required
Fosamax® (alendronate)	Actonel® (risedronate) Atelvia® (risedronate) Binosto® (alendronate) Boniva® (ibandronate) Fosamax Plus D® (alendronate/cholecalciferol)



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Bladder Relaxant Agents	
Preferred	Non-Preferred, Prior Authorization Required
Ditropan® (oxybutynin)	Detrol® (tolterodine)
Ditropan XL® (oxybutynin ER)	Detrol® LA (tolterodine ER)
Toviaz® (fesoterodine)	Enablex® (darifenacin)
Vesicare® (solifenacain)	Gelnique® Gel (oxybutynin) Myrbetriq®(mirabegron) Oxytrol® Patch (oxybutynin) Sanctura® (trospium) Sanctura® XR (trospium ER) Urispas® (flavoxate)

Calcium Channel Blockers - Dihydropyridines	
Preferred	Non-Preferred, Prior Authorization Required
Norvasc® (amlodipine)	Adalat® (nifedipine IR)
Plendil® (felodipine)	Adalat CC® (nifedipine ER)
Procardia® XL (nifedipine ER)	Cardene® (nicardipine IR) Cardene® SR (nicardipine SR)
	DynaCirc® (isradipine IR) Sular® (nisoldipine)

Calcium Channel Blockers - Non-Dihydropyridines	
Preferred	Non-Preferred, Prior Authorization Required
Calan® (verapamil IR)	Cardizem® LA (diltiazem)
Calan SR® (verapamil SR)	Cardizem® SR (diltiazem)
Cardizem® (diltiazem IR)	Matzim LA® (diltiazem ER)
Cardizem® CD (diltiazem)	Tiazac® (diltiazem)
Cartia XT® (diltiazem ER)	Verelan® (verapamil SR)
Dilt-XR® (diltiazem ER)	Verelan PM® (verapamil)
Isoptin® SR (verapamil SR)	
Taztia XT ®(diltiazem ER)	

COX-II Inhibitors	
Preferred	Non-Preferred
Celebrex® (celecoxib)	

DPP-4 Inhibitors	
Preferred	Non-Preferred, Prior Authorization Required
Glyxambi® (empagliflozin/linagliptin)	Janumet® XR (sitagliptin/metformin XR)
Janumet® (sitaliptin/metformin)	Jentadueto® (linagliptin/metformin)
Januvia® (sitagliptin)	Jentadueto® XR (linagliptin/metformin XR)
Kombiglyze® XR (saxagliptin/metformin)	Kazano® (alogliptin/metformin)
Onglyza® (saxagliptin)	Nesina® (alogliptin) Oseni® (alogliptin/pioglitazone) Qtern® (dapagliflozin/saxagliptin) Tradjenta® (linagliptin)



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ORAL/INJECTABLE/TOPICAL AGENTS (continued)

Erythropoiesis-Stimulating Agents

Preferred	Non-Preferred, Prior Authorization Required
Epogen® (epoetin alfa)	Aranesp® (darbepoetin alfa) Procrit® (epoetin alfa)

Fibric Acid Derivatives

Preferred	Non-Preferred, Prior Authorization Required
Fenofibrate generics Lopid® (gemfibrozil)	Antara® (fenofibrate) Fenoglide® (fenofibrate) Lipofen® (fenofibrate) Lofibra® (fenofibrate) Tricor® (fenofibrate) Triglide® (fenofibrate) Trilipix® (fenofibric acid)

GLP- 1 RA (formerly Incretin Mimetics)

**Clinical prior authorization may apply*

Preferred	Non-Preferred, Prior Authorization Required
Bydureon® Pens and Vials (exenatide ER) Byetta® (exenatide) Victoza® (liraglutide)	Adlyxin® (lixisenatide) Tanzeum® (albiglutide) Trulicity® (dulaglutide)

Growth Hormones

**Clinical prior authorization may apply*

Preferred	Non-Preferred, Prior Authorization Required
Genotropin® (somatropin) Genotropin® MiniQuick (somatropin) Omnitrope® (somatropin)	Humatrope® (somatropin) Norditropin® FlexPro (somatropin) Nutropin® AQ (somatropin) Nutropin AQ NuSpin® (somatropin) Saizen® (somatropin) Zomacton® (somatropin)

Hepatitis C Agents – Direct Acting

**Clinical prior authorization may apply*

Preferred	Non-Preferred, Prior Authorization Required
Zepatier® (elbasvir/grazoprevir)	Daklinza® (daclatasvir) Epclusa® (sofosbuvir/velpatasvir) Harvoni® (ledipasvir/sofosbuvir) Sovaldi® (sofosbuvir)/Olysio® (simplicavir) in combination Technivie® (ombitasvir/paritaprevir/ritonavir) Viekira Pak® (dasabuvir/ombitasvir/paritaprevir/ritonavir) Viekira® XR (dasabuvir/ombitasvir/paritaprevir/ritonavir)



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ORAL/INJECTABLE/TOPICAL AGENTS (continued)

Hepatitis C - Protease Inhibitors

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Preferred	Non-Preferred
Victrelis® (boceprevir)	

H₂ Antagonists

Preferred	Non-Preferred, Prior Authorization Required
Pepcid® (famotidine)	Axid® (nizatidine)
Zantac® (ranitidine)	Pepcid® (famotidine) oral suspension Tagamet® (cimetidine)

Homozygous Familial Hypercholesterolemia (HoFH) Agents

**Clinical prior authorization may apply*

Preferred	Non-Preferred, Prior Authorization Required
Kynamro® (mipomersen)	Juxtapid® (lomitapide mesylate)

Hypertriglyceridemia Agents

Preferred	Non-Preferred, Prior Authorization Required
Lovaza® (omega-3 acid ethyl esters)	Vascepa® (icosapent ethyl)

Immunomodulation Agents - Adult Rheumatoid Arthritis

**Clinical prior authorization may apply*

Preferred	Non-Preferred, Prior Authorization Required
Enbrel® (etanercept)	Actemra® (tocilizumab)
Humira® (adalimumab)	Cimzia® (certolizumab)
Xeljanz® (tofacitinib)	Kevzara® (sarilumab)
Xeljanz® XR (tofacitinib)	Kineret® (anakinra) Orencia® (abatacept) Remicade® (infliximab) Rituxan® (rituximab) Simponi Aria® (golimumab) Simponi® (golimumab)

Immunomodulation Agents - Ankylosing Spondylitis

**Clinical prior authorization may apply*

Preferred	Non-Preferred, Prior Authorization Required
Enbrel® (etanercept)	Cosentyx® (secukinumab)
Humira® (adalimumab)	Remicade® (infliximab) Simponi® (golimumab)



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ORAL/INJECTABLE/TOPICAL AGENTS (continued)

Immunomodulation Agents - Crohn's Disease

**Clinical prior authorization may apply*

Preferred	Non-Preferred, Prior Authorization Required
Humira® (adalimumab)	Cimzia® (certolizumab) Entyvio® (vedolizumab) Remicade® (infliximab) Stelara® (ustekinumab) Tysabri® (natalizumab)

Immunomodulation Agents - Juvenile Idiopathic Arthritis

**Clinical prior authorization may apply*

Preferred	Non-Preferred, Prior Authorization Required
Enbrel® (etanercept) Humira® (adalimumab)	Actemra® (tocilizumab) Orencia® (abatacept)

Immunomodulation Agents - Plaque Psoriasis

**Clinical prior authorization may apply*

Preferred	Non-Preferred, Prior Authorization Required
Enbrel® (etanercept) Humira® (adalimumab) Otezla® (apremilast)	Amevive® (alefacept) Cosentyx® (secukinumab) Remicade® (infliximab) Siliq® (brodalumab) Stelara® (ustekinumab) Taltz® (ixekizumab)

Immunomodulation Agents - Psoriatic Arthritis

**Clinical prior authorization may apply*

Preferred	Non-Preferred, Prior Authorization Required
Enbrel® (etanercept) Humira® (adalimumab) Otezla® (apremilast)	Cosentyx® (secukinumab) Remicade® (infliximab) Simponi® (golimumab) Stelara® (ustekinumab)

Immunomodulation Agents - Ulcerative Colitis

**Clinical prior authorization may apply*

Preferred	Non-Preferred, Prior Authorization Required
Humira® (adalimumab)	Entyvio® (vedolizumab) Remicade® (infliximab) Simponi® (golimumab)



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ORAL/INJECTABLE/TOPICAL AGENTS (continued)

Inflammatory Bowel Disease Agents - Oral

Preferred	Non-Preferred, Prior Authorization Required
Azulfidine® (sulfasalazine)	Apriso® (mesalamine ER 24hr)
Delzicol® (mesalamine DR)	Asacol® HD (mesalamine DR)
Lialda® (mesalamine DR)	Colazal® (balsalazide disodium)
Pentasa® (mesalamine ER)	Dipentum® (olsalazine)
	Giazo® (balsalazide disodium)
	Uceris® (budesonide)

Insulin - Long-Acting

Preferred	Non-Preferred, Prior Authorization Required
Lantus® (insulin glargine)	Basaglar® (insulin glargine)
Lantus SoloStar® (insulin glargine)	Toujeo Solostar® (insulin glargine)
Levemir® Vial, FlexPen, FlexTouch (insulin detemir)	Tresiba FlexTouch® (insulin degludec)

Insulin - Long-Acting/GLP-1 RA

Preferred	Non-Preferred, Prior Authorization Required
Soliqua® (insulin glargine/lixisenatide)	Xultophy® (insulin degludec/liraglutide)

Insulin- Short Acting and Intermediate Acting

Preferred	Non-Preferred, Prior Authorization Required
Humalog® multi-dose vial	Humalog® (excluding multi-dose vials)
Humalog® Mix multi-dose vial	Humalog® Mix (excluding multi-dose vials)
Humulin N® multi-dose vial	Humulin N® (excluding multi-dose vials)
Humulin R® multi-dose vial	Humulin R® (excluding multi-dose vials)
Humulin 70/30® multi-dose vial	Humulin 70/30® (excluding multi-dose vials)
Novolin N® multi-dose vial	Novolin N® (excluding multi-dose vials)
Novolin R® multi-dose vial	Novolin R® (excluding multi-dose vials)
Novolin 70/30® multi-dose vial	Novolin 70/30® (excluding multi-dose vials)
NovoLog® multi-dose vial, PenFill, & FlexPen	Velosulin BR® (excluding multi-dose vials)
NovoLog® Mix multi-dose vial, PenFill, & FlexPens	
Velosulin BR® multi-dose vial	

Lice Treatments

Preferred	Non-Preferred, Prior Authorization Required
Natroba® (spinosad)	Ovide® (malathion)
Sklice® (ivermectin)	

Meglitinides

Preferred	Non-Preferred, Prior Authorization Required
Prandin® (repaglinide)	Starlix® (nateglinide)

Methotrexate - Injectable

*Clinical prior authorization may apply

Preferred	Non-Preferred, Prior Authorization Required
Rasuvo® (methotrexate)	Otrexup® (methotrexate)



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ORAL/INJECTABLE/TOPICAL AGENTS (continued)

Muscle Relaxants - Skeletal

Preferred	Non-Preferred, Prior Authorization Required
Flexeril® (cyclobenzaprine) Robaxin® (methocarbamol) Robaxin-750® (methocarbamol)	Amrix® (cyclobenzaprine ER) Fexmid® 7.5mg (cyclobenzaprine) Lorzone® (chlorzoxazone) Metaxall® (metaxalone) Norflex® (orphenadrine) Norgesic® (orphenadrine/aspirin/caffeine) Norgesic® Forte (orphenadrine/aspirin/caffeine) Parafon Forte DSC® (chlorzoxazone) Skelaxin® (metaxalone) Soma® (carisoprodol)

Muscle Relaxants - Spasticity

Preferred	Non-Preferred, Prior Authorization Required
Lioresal® (baclofen) Zanaflex® Tablets (tizanidine)	Dantrium® (dantrolene) Zanaflex® Capsules (tizanidine)

Non-Steroidal Anti-Inflammatory Drugs - Oral

Clinical prior authorization may apply

Preferred	Non-Preferred, Prior Authorization Required
Advil® (ibuprofen) Aleve® (naproxen) Ansaid® (flurbiprofen) Cataflam® (diclofenac potassium) Clinoril® (sulindac) EC-Naprosyn® (naproxen) Indocin® (indomethacin) Mobic® (meloxicam) Motrin® (ibuprofen) Motrin-IB® (ibuprofen) Naprosyn® (naproxen) Relafen® (nabumetone) Toradol® (ketorolac) (limited to a 5 day supply) Voltaren® (diclofenac sodium oral) Voltaren® XR (diclofenac sodium oral)	Anaprox® (naproxen) Anaprox DS® (naproxen) Arthrotec® (diclofenac/misoprostol) Cambia® (diclofenac) Daypro® (oxaprozin) Dolobid® (diflunisal) Feldene® (piroxicam) Indocin® SR (indomethacin) Lodine® (etodolac) Lodine® XL (etodolac) Meclofenem® (meclofenamate) Nalfon® (fenoprofen) Naprelan® (naproxen) Naprelan® CR Dosepak (naproxen) Orudis® (ketoprofen) Orudis® KT (ketoprofen) Oruvail® (ketoprofen) Ponstel® (mefenamic acid) Tivorbex® (indomethacin) Tolectin 600® (tolmetin) Tolectin DS® (tolmetin) Vimovo® (naproxen/esomeprazole) Zipsor® (diclofenac) Zorvolex® (diclofenac)



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ORAL/INJECTABLE/TOPICAL AGENTS (continued)

Non-Steroidal Anti-Inflammatory Drugs - Topical

Preferred	Non-Preferred, Prior Authorization Required
Flector® Patch (diclofenac epolamine)	Pennsaid® (diclofenac)
Voltaren® Gel (diclofenac)	Sprix® Nasal Spray (ketorolac tromethamine)

Opioids - Long-Acting

Preferred	Non-Preferred-Prior Authorization Required
Duragesic® (fentanyl)	Arymo™ ER (morphine sulfate ER)
Embeda® (morphine/naltrexone)	Avinza® (morphine sulfate ER)
MS Contin® (morphine sulfate ER)	Belbuca® (buprenorphine)
OxyContin® (oxycodone SR)	Butrans® (buprenorphine)
Ultram® ER (tramadol ER)	ConZip® (tramadol)
Hysingla® ER (hydrocodone ER)	Exalgo® (hydromorphone HCl ER)
	Kadian® (morphine sulfate ER)
	Nucynta® ER (tapentadol)
	Opana® ER (oxymorphone)
	Ryzolt® (tramadol ER)
	Troxyca® ER (oxycodone/naltrexone)
	Vantrela® ER (hydrocodone ER)
	Xartemis® XR (oxycodone/acetaminophen ER)
	Xtampza® ER (oxycodone ER)
	Zohydro® ER (hydrocodone ER)

Pancreatic Enzyme Replacements

Preferred	Non-Preferred, Prior Authorization Required
Creon® (pancrelipase)	Pertzye® (pancrelipase)
Pancreaze® (pancrelipase)	Viokace® (pancrelipase)
Zenpep® (pancrelipase)	

PCSK-9 Inhibitors

**Clinical prior authorization may apply*

Preferred	Non-Preferred, Prior Authorization Required
Repatha® (evolocumab)	
Praluent® (alirocumab)	

Phosphate Binder Agents

Preferred	Non-Preferred, Prior Authorization Required
Eliphos® (calcium acetate)	Auryxia® (ferric citrate)
Phoslo® (calcium acetate)	Fosrenol® (lanthanum carbonate)
	Phoslyra® (calcium acetate oral solution)
	Renagel® (sevelamer HCl)
	Renvela® (sevelamer carbonate)
	Velphoro® (sucroferric oxyhydroxide)



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ORAL/INJECTABLE/TOPICAL AGENTS (continued)

Platelet Aggregation Inhibitors - Secondary Cardiac Prevention

Preferred	Non-Preferred, Prior Authorization Required
Plavix® (clopidogrel)	Brilinta® (ticagrelor) Effient® (prasugrel) Zontivity® (vorapaxar)

Platelet Aggregation Inhibitors - Stroke

Preferred	Non-Preferred, Prior Authorization Required
Plavix® (clopidogrel)	Aggrenox® (aspirin-dipyridamole ER)

Proton Pump Inhibitors

Preferred	Non-Preferred, Prior Authorization Required
Dexilant® (dexlansoprazole)	AcipHex® (rabeprazole)
Prilosec® (omeprazole)	AcipHex® Sprinkles™ (rabeprazole)
Protonix® (pantoprazole)	Dexilant® SoluTab (dexlansoprazole)
	Esomeprazole strontium® (esomeprazole strontium)
	Nexium® (esomeprazole)
	Nexium® Suspension (esomeprazole)
	Prevacid® (lansoprazole)
	Prevacid SoluTab® (lansoprazole)
	Prilosec® Packets (omeprazole)

Pulmonary Hypertension Agents

Preferred	Non-Preferred, Prior Authorization Required
Orenitram® (treprostinil)	Adcirca® (tadalafil)
Revatio® (sildenafil)	Adempas® (riociguat)
Tracleer® (bosentan)	Letairis® (ambrisentan)
	Opsumit® (macitentan)
	Uptravi® (selexipag)

SGLT2 (sodium-glucose co-transporter 2) Inhibitors

*Clinical prior authorization may apply

Preferred	Non-Preferred, Prior Authorization Required
Glyxambi® (empagliflozin/linagliptin)	Farxiga® (dapagliflozin)
Invokana® (canagliflozin)	Invokamet® (canagliflozin/metformin)
	Invokamet® XR (canagliflozin/metformin ER)
	Jardiance® (empagliflozin)
	Qtern® (dapagliflozin/saxagliptin)
	Synjardy® (empagliflozin/metformin)
	Synjardy® XR (empagliflozin/metformin ER)

Sleep Agents - Non-Scheduled

Preferred	Non-Preferred, Prior Authorization Required
Rozerem® (ramelteon)	Hetlioz® (tasimelteon) Silenor® (doxepin)



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ORAL/INJECTABLE/TOPICAL AGENTS (continued)

Sleep Agents – Scheduled - Non-Benzodiazepine	
Preferred	Non-Preferred, Prior Authorization Required
Ambien® (zolpidem) Zolpidem generics	Ambien® CR (zolpidem CR) Belsomra® (suvorexant) Edluar® (zolpidem) Intermezzo® (zolpidem) Lunesta® (eszopiclone) Sonata® (zaleplon) Zolpimist® (zolpidem)
Statins	
Preferred	Non-Preferred, Prior Authorization Required
Lipitor® (atorvastatin) Mevacor® (lovastatin) Pravachol® (pravastatin) Zocor® (simvastatin)	Altoprev® (lovastatin) Crestor® (rosuvastatin) Lescol® (fluvastatin) Lescol® XL (fluvastatin) Livalo® (pitavastatin)
Statin Combination (formerly Products for Hyperlipidemia)	
Preferred	Non-Preferred
Caduet® (amlodipine/atorvastatin) Vytorin® (ezetimibe/simvastatin)	
Sulfonylureas – 2 nd Generation	
Preferred	Non-Preferred, Prior Authorization Required
Amaryl® (glimepiride) DiaBeta® (glyburide) Glucotrol® (glipizide) Glucovance® (glyburide/metformin) Glynase PresTab® (micronized glyburide) Micronase® (glyburide)	Glucotrol XL® (glipizide XL) Metaglip® (glipizide/metformin)
Testosterone Agents- Topical <i>*Clinical prior authorization may apply</i>	
Preferred	Non-Preferred, Prior Authorization Required
Androderm® (testosterone) Androgel® (testosterone) Axiron® (testosterone)	Fortesta® (testosterone) Testim® (testosterone) Vogelxo® (testosterone)
Thiazolidinediones	
Preferred	Non-Preferred, Prior Authorization Required
Actos® (pioglitazone) ACTOplus Met® (pioglitazone/metformin)	ACTOplus Met® XR (pioglitazone/metformin) Avandamet® (rosiglitazone/metformin) Avandia® (rosiglitazone) Duetact® (pioglitazone/glimepiride)



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ORAL/INJECTABLE/TOPICAL AGENTS (continued)

Thrombopoietin Receptor Agonists (TPO)

*Clinical prior authorization may apply

Preferred	Non-Preferred, Prior Authorization Required
Nplate® (romiplostim)	
Promacta® (eltrombopag)	

Triptans

Preferred	Non-Preferred, Prior Authorization Required
Imitrex® (sumatriptan) tablets Maxalt® (rizatriptan) Maxalt-MLT® (rizatriptan) Relpax® (eletriptan)	Alsuma® (sumatriptan) Amerge® (naratriptan) Axert® (almotriptan) Frova® (frovatriptan) Imitrex® (sumatriptan) pens, vials, cartridges, nasal spray Onzetra Xsail® (sumatriptan) Sumavel DosePro® (sumatriptan) Zecuity® (sumatriptan) Zembrace Symtouch® (sumatriptan) Zomig® (zolmitriptan) Zomig-ZMT® (zolmitriptan)

Xanthine Oxidase Inhibitors

Preferred	Non-Preferred, Prior Authorization Required
Zyloprim® (allopurinol)	Uloric® (febuxostat)



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Coly-Mycin S® (neomy/colist/hc/thonz)	4
Corzide® (nadolol/bendroflumethiazide)	13
Cosentyx® (secukinumab)	18, 19
Coumadin® (warfarin)	9
Cozaar® (losartan)	11
Creon® (pancrelipase)	23
Crestor® (rosuvastatin)	27
Cromolyn® (cromolyn)	3
Cymbalta® (duloxetine)	9
Daklinza® (daclatasvir)	16
Dantrium® (dantrolene)	21
Daypro® (oxaprozin)	22
Daytrana® (methylphenidate)	8
Delzicol® (mesalamine DR)	20
Desoxyn® (methamphetamine)	8
Detrolo® (tolterodine)	14



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Detrol® LA (tolterodine ER)	14
Dexedrine® ER capsules (dextroamphetamine ER)	8
Dexedrine® tablets (dextroamphetamine)	8
Dexilant® (dexlansoprazole)	25
Dexilant® SoluTab (dexlansoprazole).....	25
Dextrostat® (dextroamphetamine).....	8
DiaBeta® (glyburide)	27
Differin® (adapalene) cream	6
Differin® (adapalene) gel	6
Dilt-XR® (diltiazem ER)	15
Diovan HCT® (valsartan/HCTZ).....	11
Diovan® (valsartan).....	11
Dipentum® (olsalazine)	20
Ditropan XL® (oxybutynin ER)	14
Ditropan® (oxybutynin).....	14
Dolobid® (diflunisal)	22
Doxepin capsules and solution	10
Duac® (benzoyl peroxide-clindamycin) gel	6
Duetact® (pioglitazone/glimepiride).....	28
Dulera® (formoterol/mometasone).....	2
Duragesic® (fentanyl).....	23
Dutoprol® (metoprolol/HCTZ).....	13
Dyanavel® XR (amphetamine ER)	8
DynaCirc® (isradipine IR).....	14
EC-Naprosyn® (naproxen).....	22
Edarbi® (azilsartan medoxomil)	11
Edarbyclor® (azilsartan medoxomil/chlorthalidone)	11
Edluar® (zolpidem).....	27
Effexor® (venlafaxine)	9
Effexor® XR capsules (venlafaxine ER)	9
Effexor® XR tablets (venlafaxine ER).....	9
Effient® (prasurgrel).....	25
Elavil® (amitriptyline)	10
Elestat® (epinastine)	3
Eliphos® (calcium acetate)	24
Eliquis® (apixaban)	9
Emadine® (emedastine)	3
Embeda® (morphine/naltrexone)	23
Enablex® (darifenacin)	14
Enbrel® (etanercept).....	18, 19
Entresto® (sacubitril/valsartan)	11
Entyvio® (vedolizumab)	19
Epaned® (enalapril solution)	5
Epclusa® (sofosbuvir/velpatasvir)	16
Epiduo® (benzoyl peroxide-adapalene) gel	6
Epiduo® Forte (adapalene/benzoyl peroxide)	6
Epinephrine auto injectors.....	9
Epipen Jr® (epinephrine auto inject).....	9



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Epipen® (epinephrine auto inject)	9
Epogen® (epoetin alfa).....	15
Ery® (erythromycin) pads.....	6
Erygel® (erythromycin) gel.....	6
Erythromycin solution.....	6
Esomeprazole strontium® (esomeprazole strontium).....	25
Evoclin® (clindamycin phosphate) foam.....	7
Exalgo® (hydromorphone HCl ER).....	23
Exforge® (amlodipine/valsartan)	12
Fabior® (tazarotene) foam.....	7
Famvir® (famciclovir)	11
Farxiga® (dapagliflozin)	25
Feldene® (piroxicam)	22
Fenofibrate generics	15
Fenoglide® (fenofibrate)	15
Fetzima® (levomilnacipran).....	9
Fexmid® 7.5mg (cyclobenzaprine)	21
Flector® Patch (diclofenac epolamine)	22
Flexeril® (cyclobenzaprine)	21
Flonase® (fluticasone)	3
Flovent® Diskus® (fluticasone)	2
Flovent® HFA (fluticasone).....	2
Focalin® (dexmethylphenidate)	8
Focalin® XR (dexmethylphenidate ER)	8
Fortamet® (metformin ER	13
Fortesta® (testosterone)	27
Fosamax Plus D® (alendronate/cholecalciferol)	14
Fosamax® (alendronate)	14
Fosrenol® (lanthanum carbonate)	24
Frova® (frovatriptan).....	28
Fycompa® (perampanel)	8
Gabitril® (tiagabine)	8
Gelnique® Gel (oxybutynin)	14
Genotropin® (somatropin).....	16
Genotropin® MiniQuick (somatropin)	16
Giazo® (balsalazide disodium)	20
Glucophage® (metformin)	13
Glucophage® XR (metformin ER)	13
Glucotrol XL® (glipizide XL).....	27
Glucotrol® (glipizide).....	27
Glucovance® (glyburide/metformin)	27
Glumetza® (metformin ER)	13
Glynase PresTab® (micronized glyburide).....	27
Glyset® (miglitol)	9
Glyxambi® (empagliflozin/linagliptin).....	15, 25
Gransol® (gransetron)	10
Harvoni® (ledipasvir/sofosbuvir)	16
Hetlioz® (tasimelteon).....	26



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Humalog® (excluding multi-dose vials).....	20
Humalog® Mix (excluding multi-dose vials).....	20
Humalog® Mix multi-dose vial.....	20
Humalog® multi-dose vial	20
Humatropे® (somatropin).....	16
Humira® (adalimumab).....	18, 19
Humulin 70/30® (excluding multi-dose vials)	20
Humulin 70/30® multi-dose vial	20
Humulin N® (excluding multi-dose vials).....	20
Humulin N® multi-dose vial	20
Humulin R® (excluding multi-dose vials).....	20
Humulin R® multi-dose vial.....	20
Hysingla® ER (hydrocodone ER).....	23
Hyzaar® (Iosartan/HCTZ).....	11
Ilevro® (nepafenac).....	4
Imitrex® (sumatriptan) pens, vials, cartridges, nasal spray	28
Imitrex® (sumatriptan) tablets.....	28
Incruse Ellipta® (umeclidinium bromide).....	1
Inderal® (propranolol).....	13
Inderal® LA (propranolol XL)	13
Indocin® (indomethacin).....	22
Indocin® SR (indomethacin).....	22
InnoPran® XL (propranolol XL).....	13
Intermezzo® (zolpidem)	27
Invokamet® (canagliflozin/metformin).....	25
Invokamet® XR (canagliflozin/metformin ER).....	26
Invokana® (canagliflozin)	25
Isoptin® SR (verapamil SR)	15
Janumet® (sotaliptin/metformin)	15
Janumet® XR (sitagliptin/metformin XR)	15
Januvia® (sitagliptin)	15
Jardiance® (empagliflozin)	26
Jentadueto® (linagliptin/metformin)	15
Jentadueto® XR (linagliptin/metformin XR)	15
Juxtapid® (lomitapide mesylate).....	18
Kadian® (morphine sulfate ER)	23
Kazano® (alogliptin/metformin)	15
Kepra XR® (levetiracetam XR)	8
Keppra® (levetiracetam)	8
Kerlone® (betaxolol).....	13
Kevzara® (sarilumab).....	18
Kineret® (anakinra)	18
Kitabis pak® (tobramycin nebulizer)	2
Klaron® (sulfacetamide) lotion	7
Kombiglyze® XR (saxagliptin/metformin)	15
Kynamro® (mipomersen)	18
Kytril® (gransisetron)	10
Labetalol (labetalol)	13



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Lantus SoloStar® (insulin glargine).....	20
Lantus® (insulin glargine)	20
Lastacraft® (alcaftadine).....	3
Lescol® (fluvastatin)	27
Lescol® XL (fluvastatin)	27
Letairis® (ambrisentan)	25
Levatol® (penbutolol).....	13
Levemir® Vial, FlexPen, FlexTouch (insulin detemir)	20
Lexapro® (escitalopram)	9
Lexapro® solution (escitalopram)	9
Lialda® (mesalamine DR).....	20
Lioresal® (baclofen).....	21
Lipitor® (atorvastatin)	27
Lipofen® (fenofibrate).....	15
Livalo® (pitavastatin).....	27
Lodine® (etodolac)	22
Lodine® XL (etodolac).....	22
Lofibra® (fenofibrate).....	15
Lopid® (gemfibrozil)	15
Lopressor HCT® (metoprolol/HCTZ).....	13
Lopressor® (metoprolol tartrate).....	13
Lorzone® (chlorzoxazone)	21
Lotensin® (benazepril)	5
Lotrel® (benazepril/amlodipine)	6
Lovaza® (omega-3 acid ethyl esters).....	18
Lumigan® (bimatoprost)	4
Lunesta® (eszopiclone)	27
Luvox® (fluvoxamine).....	9
Lyrica® (pregabalin).....	8
Marinol® (dronabinol).....	10
Matzim LA® (diltiazem ER)	15
Mavik®(trandolapril)	5
Maxair® (pirbuterol).....	1
Maxalt® (rizatriptan)	28
Maxalt-MLT® (rizatriptan).....	28
Maxitrol® (neomycin/polymyxin/dexamethasone).....	4
Meclofenem® (meclofenamate)	22
Metadate CD® (methylphenidate 30/70)	8
Metadate® ER (methylphenidate ER)	8
Metaglip® (glipizide/metformin)	27
Metaxall® (metaxalone)	21
Methylin Chewable® (methylphenidate).....	8
Methylin Solution® (methylphenidate).....	8
Mevacor® (lovastatin)	27
Micardis HCT® (telmisartan/HCTZ)	11
Micardis® (telmisartan).....	11
Micronase® (glyburide)	27
Mobic® (meloxicam)	22



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Monopril® (fosinopril)	5
Motrin® (ibuprofen)	22
Motrin-IB® (ibuprofen)	22
Movantik® (naloxygol)	9
MS Contin® (morphine sulfate ER)	23
Myrbetriq®(mirabegron)	14
Nalfon® (fenoprofen)	22
Naprelan® (naproxen)	22
Naprelan® CR Dosepak (naproxen)	22
Naprosyn® (naproxen)	22
Nasacort AQ®(triamcinolone)	3
Nasarel® (flunisolide)	3
Nasonex® (mometasone)	3
Natroba® (spinosad)	21
Nesina® (alogliptin)	15
Neuac® (clindamycin/benzoyl peroxide)	7
Neurontin® (gabapentin)	8
Nevanac® (nepafenac)	4
Nexium®Suspension (esomeprazole)	25
Nexium® (esomeprazole)	25
Norditropin® FlexPro (somatropin)	16
Norflex® (orphenadrine)	21
Norgesic® (orphenadrine/aspirin/caffeine)	21
Norgesic® Forte (orphenadrine/aspirin/caffeine)	21
Norpramin® (desipramine)	10
Norvasc® (amlodipine)	14
Novolin 70/30® (excluding multi-dose vials)	20
Novolin 70/30® multi-dose vial	20
Novolin N® (excluding multi-dose vials)	20
Novolin N® multi-dose vial	20
Novolin R® (excluding multi-dose vials)	20
Novolin R® multi-dose vial	20
NovoLog® Mix multi-dose vial, PenFill, & FlexPens	21
NovoLog® multi-dose vial, PenFill, & FlexPen	21
Nplate® (romiplostim)	28
Nucynta® ER (tapentadol)	23
Nutropin AQ NuSpin® (somatropin)	16
Nutropin® AQ (somatropin)	16
Ocufen®(flurbiprofen)	4
Omnaris® (ciclesonide)	3
Omnitrope® (somatropin)	16
Onexton® (benzoyl peroxide-clindamycin) gel	7
Onfi® (clobazam)	8
Onglyza® (saxagliptin)	15
Onzetra Xsail® (sumatriptan)	28
Opana® ER (oxymorphone)	23
Opsumit® (macitentan)	25
Optivar® (azelastine)	3



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Orencia® (abatacept)	18, 19
Orenitram® (treprostinil)	25
Orudis® (ketoprofen)	22
Orudis® KT (ketoprofen)	22
Oruvail® (ketoprofen)	22
Oseni® (alogliptin/pioglitazone).....	15
Otezla® (apremilast).....	19
Otovel® (ciprofloxacin/fluocinolone).....	4
Otrexup® (methotrexate).....	21
Ovide® (malathion)	21
Oxtellar® XR (oxcarbazepine).....	8
OxyContin® (oxycodone SR).....	23
Oxytrol® Patch (oxybutynin)	14
Pamelor® (nortriptyline)	10
Pamelor® solution (nortriptyline)	10
Pancreaze® (pancrelipase)	23
Parafon Forte DSC® (chlorzoxazone)	21
Pataday® (olopatadine).....	3
Patanase® (olopatadine)	2
Patanol® (olopatadine)	3
Paxil ® solution (paroxetine)	9
Paxil CR® (paroxetine ER).....	9
Paxil® (paroxetine)	9
Pazeo® (olopatadine)	3
Pennsaid® (diclofenac).....	22
Pentasa® (mesalamine ER).....	20
Pepcid® (famotidine).....	18
Pepcid® (famotidine) oral suspension	18
Perforomist® (formoterol)	1
Pertzye ® (pancrelipase).....	23
Pexeva® (paroxetine)	10
Phoslo® (calcium acetate)	24
Phoslyra® (calcium acetate oral solution).....	24
Plavix® (clopidogrel).....	25
Plendil® (felodipine).....	14
Ponstel® (mefenamic acid)	22
Potiga® (ezogabine)	8
Pradaxa® (dabigatran).....	9
Praluent® (alirocumab)	23
Prandin® (repaglinide)	21
Pravachol® (pravastatin)	27
Precose® (acarbose).....	9
Pred-G S.O.P.® (prednisolone/Gentamicin)	4
Pred-G® (prednisolone/gentamicin)	4
Prevacid SoluTab® (lansoprazole)	25
Prevacid® (lansoprazole).....	25
Prevalite® Powder (cholestyramine light)	13
Prevalite® Powder Packs (cholestyramine light).....	13



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Prilosec® (omeprazole)	25
Prilosec® Packets (omeprazole)	25
Prinivil® (lisinopril)	5
Pristiq® (desvenlafaxine).....	9
ProAir HFA® (albuterol).....	1
ProAir RespiClick® (albuterol).....	1
Procardia® XL (nifedipine ER).....	14
Procentra® (dextroamphetamine).....	8
Procrit® (epoetin alfa)	15
Prolensa® (bromfenac)	4
Promacta® (eltrombopag)	28
Protonix® (pantoprazole).....	25
Proventil® HFA (albuterol)	1
Proventil® Inhalation Solution (albuterol)	1
Prozac® capsules (fluoxetine)	10
Prozac® solution (fluoxetine)	10
Prozac® tablets (fluoxetine)	10
Pulmicort Flexhaler™ (budesonide).....	2
Pulmicort Respules® (budesonide) * > 7 years of age	2
Pulmicort Respules® (budesonide) * ≤ 6 years of age only	2
Qbrelis® (lisinopril solution).....	5
Qnasl® (beclomethasone)	3
Qtern® (dapagliflozin/saxagliptin)	15, 26
Questran Light® (cholestyramine light)	13
Questran® (cholestyramine)	13
Quillichew ER™ (methylphenidate ER)	8
Quillivant XR® (methylphenidate ER).....	8
QVAR® (beclomethasone).....	2
Rasuvo® (methotrexate)	21
Refresh® (ketotifen)	3
Relafen® (nabumetone)	22
Relistor® (methylnaltrexone) (tablets and injection).....	9
Relpax® (eletriptan)	28
Remicade® (infliximab)	18, 19
Renagel® (sevelamer HCl)	24
Renvela® (sevelamer carbonate)	24
Repatha® (evolocumab).....	23
Retin-A® (tretinoin) cream	6
Retin-A® Micro (tretinoin) gel	7
Revatio® (sildenafil)	25
Rhinocort AQ® (budesonide)	3
Riomet® (metformin oral solution).....	13
Ritalin LA® (methylphenidate 50/50).....	8
Ritalin SR® (methylphenidate ER)	8
Ritalin® (methylphenidate)	8
Rituxan® (rituximab)	18
Robaxin® (methocarbamol)	21
Robaxin-750® (methocarbamol)	21



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Rosanil® Cleanser (sulfacetamide-sulfur) emulsion.....	7
Rosula® (sulfacetamide-sulfur) pads.....	7
Rozerem® (ramelteon).....	26
Ryzolt® (tramadol ER)	23
Saizen® (somatropin)	16
Sanctura® (trospium)	14
Sanctura® XR (trospium ER)	14
Sancuso® (granisetron)	10
Savaysa® (edoxaban).....	9
Savella® (milnacipran).....	9
Sectral® (acebutolol).....	13
Serevent® Diskus® (salmeterol)	1
Silenor® (doxepin).....	26
Siliq® (brodalumab).....	19
Simbrinza® (brinzolamide/brimonidine tartrate)	4
Simponi Aria® (golimumab)	18
Simponi® (golimumab).....	18, 19
Sitavig® (acyclovir)	11
Skelaxin® (metaxalone)	21
Sklice® (ivermectin).....	21
Soliqua® (insulin glargine/lixisenatide).....	20
Soma® (carisoprodol).....	21
Sonata® (zaleplon)	27
Sovaldi® (sofosbuvir)/Olysio® (simprevir) in combination	16
Spiriva® Handihaler® (tiotropium)	1
Spiriva® Respimat (tiotropium).....	1
Spritam® (levetiracetam)	8
Sprix® Nasal Spray (ketorolac tromethamine).....	22
SSS 10-5® (sulfacetamide-sulfur) cream	7
Starlix® (nateglinide).....	21
Stelara® (ustekinumab).....	19
Stiolto® Respimat® (tiotropium/olodaterol).....	2
Striverdi® Respimat® (olodaterol).....	1
Sular® (nisoldipine)	14
Sulfacetamide suspension	7
Sulfacetamide-Sulfur lotion	7
Sumadan® (sulfacetamide-sulfur) kit.....	7
Sumadan® Wash (sulfacetamide-sulfur cleanser)	6
Sumavel DosePro® (sumatriptan)	28
Sumaxin® (sulfacetamide-sulfur) pads.....	7
Sumaxin® TS (sulfacetamide-sulfur) suspension	7
Sumaxin® Wash (sulfacetamide-sulfur) liquid	7
Surmontil® (trimipramine).....	10
Symbicort® (budesonide/formoterol).....	2
Symproic® (naldemedine)	9
Syndros® (dronabinol).....	10
Synjardy® (empagliflozin/metformin).....	26
Synjardy® XR (empagliflozin/metformin ER)	26



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Tagamet® (cimetidine)	18
Taltz® (ixekizumab)	19
Tanzeum® (albiglutide)	16
Tarka® (trandolapril/verapamil)	6
Tazorac® (tazarotene) cream	6
Tazorac® (tazarotene) gel	6
Taztia XT ®(diltiazem ER)	15
Technivie® (ombitasvir/paritaprev/ritonavir)	16
Tenormin® (atenolol)	13
Testim® (testosterone)	27
Teveten® (eprosartan)	11
Tiazac® (diltiazem)	15
Tivorbex® (indomethacin)	22
Tobi® (tobramycin)	2
Tobi® Podhaler™ (tobramycin)	2
TobraDex® (tobramycin/dexamethasone)	4
TobraDex® ST (tobramycin/dexamethasone)	4
Tofranil - PM® (imipramine)	10
Tofranil® (imipramine)	10
Tolectin 600® (tolmetin)	22
Tolectin DS® (tolmetin)	22
Toprol-XL® (metoprolol succinate)	13
Toradol® (ketorolac) (limited to a 5 day supply)	22
Toujeo Solostar® (insulin glargine)	20
Toviaz® (fesoterodine)	14
Tracleer® (bosentan)	25
Tradjenta® (linagliptin)	15
Travatan Z® (travoprost)	4
Tresiba FlexTouch® (insulin degludec)	20
Tribenzor® (olmesartan/amlodipine/HCTZ)	12
Tricor® (fenofibrate)	15
Triglide® (fenofibrate)	16
Trilipix® (fenofibric acid)	16
Troxyca® ER (oxycodone/naltrexone)	23
Trulicity® (dulaglutide)	16
Trusopt® (dorzolamide)	4
Tudorza PressAir® (aclidinium)	1
Twynsta® (amlodipine/telmisartan)	12
Tysabri® (natalizumab)	19
Uceris® (budesonide)	20
Uloric® (febuxostat)	28
Ultram® ER (tramadol ER)	23
Univasc® (moexipril)	5
Uptravi® (selexipag)	25
Urispas® (flavoxate)	14
Utibron™ Neohaler® (indacaterol/glycopyrrolate)	1
Valtrex® (valacyclovir)	11
Vantrela® ER (hydrocodone ER)	23



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Vascepa® (icosapent ethyl)	18
Vasotec® (enalapril)	5
Velosulin BR® (excluding multi-dose vials)	21
Velosulin BR® multi-dose vial.....	21
Velphoro® (sucroferric oxyhydroxide)	24
Veltin® (clindamycin-tretinoin)	7
Ventolin HFA® (albuterol)	1
Ventolin® Inhalation Solution (albuterol)	1
Veramyst® (fluticasone)	3
Verelan PM® (verapamil)	15
Verelan® (verapamil SR).....	15
Vesicare® (solifenacain)	14
Victoza® (liraglutide)	16
Victrelis® (boceprevir).....	18
Viekira Pak® (dasabuvir/ombitasvir/paritaprevir/ritonavir)	16
Viekira® XR (dasabuvir/ombitasvir/paritaprevir/ritonavir)	16
Vimovo®(naproxen/esomeprazole)	22
Viokace® (pancrelipase)	23
Visken® (pindolol)	13
Vivactil® (protriptyline)	10
Vogelxo® (testosterone)	27
Voltaren® Gel (diclofenac)	22
Voltaren® Ophthalmic (diclofenac).....	4
Voltaren® XR (diclofenac sodium oral)	22
Voltaren®(diclofenac sodium oral)	22
Vytorin® (ezetimibe/simvastatin)	27
Vyvanse® (lisdexamfetamine)	8
Welchol® Powder (colesevelam)	13
Welchol® Tablets (colesevelam)	14
Xalatan ® (latanoprost)	4
Xarelto® (rivaroxaban)	9
Xartemis® XR (oxycodone/acetaminophen ER)	23
Xeljanz® (tofacitinib)	18
Xeljanz® XR (tofacitinib)	18
Xopenex HFA® (levalbuterol)	1
Xopenex® Inhalation Solution (levalbuterol)	1
Xtampza® ER (oxycodone ER)	23
Xultophy® (insulin degludec/liraglutide).....	20
Xyzal® (levocetirizine)	11
Zaditor® (ketotifen).....	3
Zanaflex® Capsules (tizanidine).....	21
Zanaflex® Tablets (tizanidine)	21
Zantac® (ranitidine).....	18
Zebeta® (bisoprolol).....	13
Zecuity® (sumatriptan).....	28
Zembrace Symtouch® (sumatriptan)	28
Zenpep® (pancrelipase)	23
Zenedi® (dextroamphetamine)	8



PREFERRED DRUG LIST

When a generic product is available, for a preferred or non-preferred agent, the pharmacy will receive a lower reimbursement rate for the branded product unless a DAW PA is obtained.
Products listed in **RED** have changed from the previous month's publication.



Zepatier® (elbasvir/grazoprevir)	16
Zestril® (lisinopril)	5
Zetonna® (ciclesonide).....	3
Ziac® (bisoprolol/HCTZ).....	13
Ziana® (clindamycin-tretinoin).....	7
Zioptan® (tafluprost).....	4
Zipsor® (diclofenac).....	22
Zocor® (simvastatin)	27
Zofran ODT® (ondansetron).....	10
Zofran® (ondansetron).....	10
Zohydro® ER (hydrocodone ER)	23
Zoloft® (sertraline)	10
Zoloft® solution (sertraline)	10
Zolpidem generics.....	27
Zolpimist® (zolpidem)	27
Zomacton® (somatropin)	16
Zomig® (zolmitriptan)	28
Zomig-ZMT® (zolmitriptan)	28
Zonegran® (zonisamide)	8
Zontivity® (vorapaxar).....	25
Zorvolex® (diclofenac).....	22
Zovirax® (acyclovir) (oral dosage forms only)	11
Zuplenz® (ondansetron).....	10
Zyloprim® (allopurinol)	28
Zyrtec® (cetirizine)	11
Zyrtec® Syrup (cetirizine)	11